

NOTICE – Your report to the Census Bureau is confidential by law (U.S. Code 42, Sections 3789g and 3735). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purpose.		Sample J _____	Control number PSU Segment CK Serial				HH No.					
FORM NCVS-2 (7-24-95) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE CRIME INCIDENT REPORT NATIONAL CRIME VICTIMIZATION SURVEY		Notes										
		PGM 6										
1a. LINE NUMBER OF RESPONDENT _____		601 _____ Line number										
1b. SCREEN QUESTION NUMBER _____		602 _____ Screen question number										
1c. INCIDENT NUMBER _____		603 _____ Incident number										
CHECK ITEM A	See item 33a on the NCVS-1. Has the respondent lived at this address for more than 6 months? (If not sure, ASK.)		<input type="checkbox"/> Yes (more than 6 months) – SKIP to 3 <input type="checkbox"/> No (6 months or less) – Ask 2									
2. You said that during the last 6 months – (Refer to appropriate screen question for description of crime.) Did (this/the first) incident happen while you were living here or before you moved to this address?		605 1 <input type="checkbox"/> While living at this address 2 <input type="checkbox"/> Before moving to this address										
3. (You said that during the last 6 months – (Refer to appropriate screen question for description of crime.)) In what month did (this/the first) incident happen? (Show calendar if necessary. Encourage respondent to give exact month.)		606 <table><tr><td></td><td></td></tr><tr><td>Month</td></tr></table> <table><tr><td></td><td></td></tr><tr><td>Year</td></tr></table>							Month			Year
Month												
Year												
4. If known, mark without asking. If not sure, ASK – Altogether, how many times did this type of incident happen during the last 6 months?		607 _____ Number of incidents										
CHECK ITEM B	Refer to 4. How many incidents?		608 1 <input type="checkbox"/> 1–5 incidents (not a "series") – SKIP to 5b 2 <input type="checkbox"/> 6 or more incidents – Fill Check Item C									
CHECK ITEM C	Are these incidents similar to each other in detail, or are they for different types of crimes? (If not sure, ASK.)		609 1 <input type="checkbox"/> Similar – Fill Check Item D 2 <input type="checkbox"/> Different (not a "series") – SKIP to 5b									
CHECK ITEM D	Can you (respondent) recall enough details of each incident to distinguish them from each other? (If not sure, ASK.)		610 1 <input type="checkbox"/> Yes (not a "series") – SKIP to 5b 2 <input type="checkbox"/> No (is a "series") – Reduce entry in screen question if necessary – Ask 5a									
5a. The following questions refer only to the most recent incident.		611 1 <input type="checkbox"/> Light 2 <input type="checkbox"/> Dark 3 <input type="checkbox"/> Dawn, almost light, dusk, twilight } Ask 6 4 <input type="checkbox"/> Don't know – SKIP to 7										
5b. Was it daylight or dark outside when (this/the most recent) incident happened?												
6. About what time did (this/the most recent) incident happen?		612 During day 1 <input type="checkbox"/> After 6 a.m. – 12 noon 2 <input type="checkbox"/> After 12 noon – 6 p.m. 3 <input type="checkbox"/> Don't know what time of day At night 4 <input type="checkbox"/> After 6 p.m. – 12 midnight 5 <input type="checkbox"/> After 12 midnight – 6 a.m. 6 <input type="checkbox"/> Don't know what time of night Or 7 <input type="checkbox"/> Don't know whether day or night										

<div>7. In what city, town, or village did this incident occur?</div>	<div>613</div> <div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Outside U.S. – SKIP to 10</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>Not inside a city/town/village – Ask 8</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>SAME city/town/village as present residence – SKIP to 10</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>DIFFERENT city/town/village from present residence – Specify ↗</div></div></div><div>Ask 8</div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Don't know – Ask 8</div></div></div>
<div>8. In what county and state did it occur?</div>	<div>614</div> <div><div><div><div><div></div></div><div></div></div><div><div><div></div></div><div></div></div><div><div><div></div></div><div></div></div><div><div><div></div></div><div></div></div><div><div><div></div></div><div></div></div></div><div>County _____ State _____</div></div>
<div>9. Is this the same county and state as your present residence?</div>	<div>615</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div></div> <div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div></div>

<div>11. Did the offender live (here/there) or have a right to be (here/there), for instance, as a guest or a repairperson?</div>	<div>617</div> <div><div><div><div><div></div></div><div>1</div></div><div><div></div></div><div>Yes – SKIP to 19</div></div><div><div><div><div></div></div><div>2</div></div><div><div></div></div><div>No</div></div><div><div><div><div></div></div><div>3</div></div><div><div></div></div><div>Don't know</div></div></div> <div>Ask 12</div>
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20a.	ASK OR VERIFY – Were you or any other member of this household present when this incident occurred?	634	1 <input type="checkbox"/> Yes – Ask 20b 2 <input type="checkbox"/> No – SKIP to 56, page 8	
20b.	ASK OR VERIFY – Which household members were present?	635	1 <input type="checkbox"/> Respondent only 2 <input type="checkbox"/> Respondent and other household member(s) 3 <input type="checkbox"/> Only other household member(s), not respondent – SKIP to 59, page 8	} Ask 21
21.	ASK OR VERIFY – Did you personally see an offender?	636	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
22.	Did the offender have a weapon such as a gun or knife, or something to use as a weapon, such as a bottle or wrench?	637	1 <input type="checkbox"/> Yes – Ask 23 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	} SKIP to 24
23.	What was the weapon? Anything else? Mark (X) all that apply.	638	1 <input type="checkbox"/> Hand gun (pistol, revolver, etc.) 2 <input type="checkbox"/> Other gun (rifle, shotgun, etc.) 3 <input type="checkbox"/> Knife 4 <input type="checkbox"/> Other sharp object (scissors, ice pick, axe, etc.) 5 <input type="checkbox"/> Blunt object (rock, club, blackjack, etc.) 6 <input type="checkbox"/> Other – Specify	
24.	Did the offender hit you, knock you down or actually attack you in any way?	639	1 <input type="checkbox"/> Yes – SKIP to 29, page 5 2 <input type="checkbox"/> No – Ask 25	
25.	Did the offender TRY to attack you?	640	1 <input type="checkbox"/> Yes – SKIP to 28a 2 <input type="checkbox"/> No – Ask 26	
26.	Did the offender THREATEN you with harm in any way?	641	1 <input type="checkbox"/> Yes – SKIP to 28b 2 <input type="checkbox"/> No – Ask 27	
27.	What actually happened? Anything else? Mark (X) all that apply. FIELD REPRESENTATIVE – If box 4, ASK – Do you mean forced or coerced sexual intercourse including attempts? If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–27.	642	1 <input type="checkbox"/> Something taken without permission 2 <input type="checkbox"/> Attempted or threatened to take something 3 <input type="checkbox"/> Harassed, argument, abusive language 4 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 5 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Forcible entry or attempted forcible entry of house/apartment 7 <input type="checkbox"/> Forcible entry or attempted forcible entry of car 8 <input type="checkbox"/> Damaged or destroyed property 9 <input type="checkbox"/> Attempted or threatened to damage or destroy property 10 <input type="checkbox"/> Other – Specify	} SKIP to 40, page 6
28a.	How did the offender TRY to attack you? Any other way?	643	1 <input type="checkbox"/> Verbal threat of rape 2 <input type="checkbox"/> Verbal threat to kill 3 <input type="checkbox"/> Verbal threat of attack other than to kill or rape 4 <input type="checkbox"/> Verbal threat of sexual assault other than rape 5 <input type="checkbox"/> Unwanted sexual contact with force (grabbing, fondling, etc.) 6 <input type="checkbox"/> Unwanted sexual contact without force (grabbing, fondling, etc.)	
28b.	How were you threatened? Any other way? Mark (X) all that apply. FIELD REPRESENTATIVE – If box 5, ASK – Do you mean forced or coerced sexual intercourse including attempts? If "Yes," change entry in Item 24 to "Yes." Delete entries in 25–28.	644	7 <input type="checkbox"/> Weapon present or threatened with weapon 8 <input type="checkbox"/> Shot at (but missed) 9 <input type="checkbox"/> Attempted attack with knife/sharp weapon 10 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon	
		645	11 <input type="checkbox"/> Object thrown at person 12 <input type="checkbox"/> Followed or surrounded 13 <input type="checkbox"/> Tried to hit, slap, knock down, grab, hold, trip, jump, push, etc. 14 <input type="checkbox"/> Other – Specify	} SKIP to 40, page 6

<div>29. How were you attacked? Any other way?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If raped, ASK –</div> <div>Do you mean forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div> <div>If tried to rape, ASK –</div> <div>Do you mean attempted forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div>	<div>646</div> <div>*</div> <div>1 <input type="checkbox"/> Raped</div> <div>2 <input type="checkbox"/> Tried to rape</div> <div>3 <input type="checkbox"/> Sexual assault other than rape or attempted rape</div> <div>4 <input type="checkbox"/> Shot</div> <div>5 <input type="checkbox"/> Shot at (but missed)</div> <div>6 <input type="checkbox"/> Hit with gun held in hand</div> <div>647</div> <div>*</div> <div>7 <input type="checkbox"/> Stabbed/cut with knife/sharp weapon</div> <div>8 <input type="checkbox"/> Attempted attack with knife/sharp weapon</div> <div>9 <input type="checkbox"/> Hit by object (other than gun) held in hand</div> <div>10 <input type="checkbox"/> Hit by thrown object</div> <div>648</div> <div>*</div> <div>11 <input type="checkbox"/> Attempted attack with weapon other than gun/knife/sharp weapon</div> <div>12 <input type="checkbox"/> Hit, slapped, knocked down</div> <div>13 <input type="checkbox"/> Grabbed, held, tripped, jumped, pushed, etc.</div> <div>14 <input type="checkbox"/> Other – Specify <div></div></div>
<div>30. Did the offender THREATEN to hurt you before you were actually attacked?</div>	<div>649</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Other – Specify <div></div></div>
<div>31. What were the injuries you suffered, if any? Anything else?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If raped and box 1 in item 29 is NOT marked, ASK –</div> <div>Do you mean forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div> <div>If attempted rape and box 2 in item 29 is NOT marked, ASK –</div> <div>Do you mean attempted forced or coerced sexual intercourse?</div> <div>If No, ASK – What do you mean?</div>	<div>655</div> <div>*</div> <div>1 <input type="checkbox"/> None – SKIP to 40</div> <div>2 <input type="checkbox"/> Raped</div> <div>3 <input type="checkbox"/> Attempted rape</div> <div>4 <input type="checkbox"/> Sexual assault other than rape or attempted rape</div> <div>5 <input type="checkbox"/> Knife or stab wounds</div> <div>6 <input type="checkbox"/> Gun shot, bullet wounds</div> <div>656</div> <div>*</div> <div>7 <input type="checkbox"/> Broken bones or teeth knocked out</div> <div>8 <input type="checkbox"/> Internal injuries</div> <div>9 <input type="checkbox"/> Knocked unconscious</div> <div>10 <input type="checkbox"/> Bruises, black eye, cuts, scratches, swelling, chipped teeth</div> <div>11 <input type="checkbox"/> Other – Specify <div></div></div>
<div>32. ASK OR VERIFY – Were any of the injuries caused by a weapon other than a gun or knife?</div>	<div>657</div> <div>1 <input type="checkbox"/> Yes – Ask 33</div> <div>2 <input type="checkbox"/> No – SKIP to 34</div>
<div>33. Which injuries were caused by a weapon OTHER than a gun or knife?</div> <div>Enter code(s) from 31.</div>	<div>658</div> <div>*</div> <div><div><div></div></div>Code</div> <div><div><div></div></div>Code</div> <div><div><div></div></div>Code</div>
<div>34. Were you injured to the extent that you received any medical care, including self treatment?</div>	<div>659</div> <div>1 <input type="checkbox"/> Yes – Ask 35</div> <div>2 <input type="checkbox"/> No – SKIP to 40</div>
<div>35. Where did you receive this care? Anywhere else?</div> <div>Mark (X) all that apply.</div>	<div>660</div> <div>*</div> <div>1 <input type="checkbox"/> At the scene</div> <div>2 <input type="checkbox"/> At home/neighbor’s/friend’s</div> <div>3 <input type="checkbox"/> Health unit at work/school, first aid station at a stadium/park, etc.</div> <div>4 <input type="checkbox"/> Doctor’s office/health clinic</div> <div>5 <input type="checkbox"/> Emergency room at hospital/emergency clinic</div> <div>6 <input type="checkbox"/> Hospital (other than emergency room)</div> <div>7 <input type="checkbox"/> Other – Specify <div></div></div>
<div>CHECK ITEM E</div> <div>Refer to 35. Is "Hospital" (box 6) marked?</div>	<div><input type="checkbox"/> Yes – Ask 36</div> <div><input type="checkbox"/> No – SKIP to 38</div>
<div>36. Did you stay overnight in the hospital?</div>	<div>662</div> <div>1 <input type="checkbox"/> Yes – Ask 37</div> <div>2 <input type="checkbox"/> No – SKIP to 38</div>
<div>37. How many days did you stay (in the hospital)?</div>	<div>663</div> <div><div></div> Number of days</div>

38.	At the time of the incident, were you covered by any medical insurance, or were you eligible for benefits from any other type of health benefits programs, such as medicaid, Veterans Administration, or Public Welfare?	664	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
39.	What was the total amount of your medical expenses resulting from this incident (INCLUDING anything paid by insurance)? Include hospital and doctor bills, medicine, therapy, braces, and any other injury related expenses. FIELD REPRESENTATIVE – Obtain an estimate, if necessary.	665	\$ _____ . <div>00</div> Total amount 0 <input type="checkbox"/> No cost X <input type="checkbox"/> Don't know
40.	Did you do anything with the idea of protecting YOURSELF or your PROPERTY while the incident was going on?	666	1 <input type="checkbox"/> Yes – SKIP to 42 2 <input type="checkbox"/> No/took no action/kept still – Ask 41
41.	Was there anything you did or tried to do about the incident while it was going on?	667	1 <input type="checkbox"/> Yes – Ask 42 2 <input type="checkbox"/> No/took no action/kept still – SKIP to 47
42.	What did you do? Anything else? Mark (X) all that apply. Then fill Check Item F.	668	USED PHYSICAL FORCE TOWARD OFFENDER 1 <input type="checkbox"/> Attacked offender with gun; fired gun * 2 <input type="checkbox"/> Attacked with other weapon 3 <input type="checkbox"/> Attacked without weapon (hit, kicked, etc.) 4 <input type="checkbox"/> Threatened offender with gun 5 <input type="checkbox"/> Threatened offender with other weapon 6 <input type="checkbox"/> Threatened to injure, no weapon RESISTED OR CAPTURED OFFENDER 669 7 <input type="checkbox"/> Defended self or property (struggled, ducked, blocked blows, held onto property) * 8 <input type="checkbox"/> Chased, tried to catch or hold offender SCARED OR WARNED OFF OFFENDER 9 <input type="checkbox"/> Yelled at offender, turned on lights, threatened to call police, etc. PERSUADED OR APPEASED OFFENDER 10 <input type="checkbox"/> Cooperated, or pretended to (stalled, did what they asked) 670 11 <input type="checkbox"/> Argued, reasoned, pleaded, bargained, etc. * ESCAPED OR GOT AWAY 12 <input type="checkbox"/> Ran or drove away, or tried; hid, locked door GOT HELP OR GAVE ALARM 13 <input type="checkbox"/> Called police or guard 671 14 <input type="checkbox"/> Tried to attract attention or help, warn others (cried out for help, called children inside) * REACTED TO PAIN OR EMOTION 15 <input type="checkbox"/> Screamed from pain or fear OTHER 16 <input type="checkbox"/> Other – Specify ➤ _____
CHECK ITEM F	Refer to 31 on page 5. Was the respondent injured in this incident? (Is box 2–11 marked?)		<input type="checkbox"/> Yes – Ask 43a <input type="checkbox"/> No – SKIP to 43b
43a.	Did you take these actions before, after, or at the same time that you were injured? Mark (X) all that apply.	672	1 <input type="checkbox"/> Actions taken before injury * 2 <input type="checkbox"/> Actions taken after injury 3 <input type="checkbox"/> Actions taken at same time as injury
43b.	Did (any of) your action(s) help the situation in any way? Probe – Did your actions help you avoid injury, protect your property, escape from the offender – or were they helpful in some other way?	673	1 <input type="checkbox"/> Yes – Ask 44 2 <input type="checkbox"/> No } SKIP to 45 3 <input type="checkbox"/> Don't know }

<div>44. How were they helpful? Any other way?</div> <div>Mark (X) all that apply.</div>	<div>674</div> <div>*</div> <div><div><div><div><div></div></div><div>1</div></div><div><div><div></div></div><div>2</div></div><div><div><div></div></div><div>3</div></div><div><div><div></div></div><div>4</div></div><div><div><div></div></div><div>5</div></div><div><div><div></div></div><div>6</div></div></div><div>Helped avoid injury or greater injury to respondent</div><div>Scared or chased offender off</div><div>Helped respondent get away from offender</div><div>Protected property</div><div>Protected other people</div><div>Other – Specify</div></div> <div></div>
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<div>CHECK ITEM G</div>	Refer to 42. Did respondent use or threaten to use physical force against offender? (Is 1–6 marked in 42?)	685	<div><div><div><div><div></div></div><div>1</div></div><div><div></div></div><div>2</div></div><div><div></div></div><div>Yes – Ask 55</div></div> <div><div><div><div></div></div><div>2</div></div><div><div></div></div><div>No – SKIP to 60</div></div>
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62. Was the offender male or female?	698	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Don't know
63. How old would you say the offender was?	699	1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21-29 2 <input type="checkbox"/> 12-14 6 <input type="checkbox"/> 30+ 3 <input type="checkbox"/> 15-17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18-20
64a. Was the offender a member of a street gang, or don't you know?	700	1 <input type="checkbox"/> Yes (a member of a street gang) 2 <input type="checkbox"/> No (not a member of a street gang) 3 <input type="checkbox"/> Don't know (if a member of a street gang)
64b. Was the offender drinking or on drugs, or don't you know?	701	1 <input type="checkbox"/> Yes (drinking or on drugs) – Ask 65 2 <input type="checkbox"/> No (not drinking/not on drugs) } SKIP to 66 3 <input type="checkbox"/> Don't know (if drinking or on drugs) . . }
65. Which was it? (Drinking or on drugs?)	702	1 <input type="checkbox"/> Drinking 2 <input type="checkbox"/> On drugs 3 <input type="checkbox"/> Both (drinking and on drugs) 4 <input type="checkbox"/> Drinking or on drugs – could not tell which
66. Was the offender someone you knew or a stranger you had never seen before?	703	1 <input type="checkbox"/> Knew or had seen before – SKIP to 68 2 <input type="checkbox"/> Stranger 3 <input type="checkbox"/> Don't know
67. Would you be able to recognize the offender if you saw him/her?	704	1 <input type="checkbox"/> Yes } SKIP to 69 2 <input type="checkbox"/> Not sure (possibly or probably) } 3 <input type="checkbox"/> No – SKIP to 71
68. How well did you know the offender – by sight only, casual acquaintance, or well known?	705	1 <input type="checkbox"/> Sight only – Ask 69 2 <input type="checkbox"/> Casual acquaintance } SKIP to 70 3 <input type="checkbox"/> Well known }
69. Would you have been able to tell the police how they might find the offender, for instance, where he/she lived, worked, went to school, or spent time? Mark (X) only one box.	706	1 <input type="checkbox"/> Yes } SKIP to 71 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Other – Specify ↘. } _____
70. How did you know the offender? For example, was the offender a friend, cousin, etc.? Mark (X) first box that applies.	707	RELATIVE 1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Own child or step-child 5 <input type="checkbox"/> Brother/sister 6 <input type="checkbox"/> Other relative – Specify _____ NONRELATIVE 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 8 <input type="checkbox"/> Friend or ex-friend 9 <input type="checkbox"/> Roommate, boarder 10 <input type="checkbox"/> Schoolmate 11 <input type="checkbox"/> Neighbor 12 <input type="checkbox"/> Someone at work, customer 13 <input type="checkbox"/> Other nonrelative – Specify _____
71. Was the offender White, Black, or some other race?	708	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Don't know
72. Was this the only time this offender committed a crime or made threats against you or your household?	709	1 <input type="checkbox"/> Yes (only time) } SKIP to 88, page 11 2 <input type="checkbox"/> No (there were other times) } 3 <input type="checkbox"/> Don't know }
73. How many offenders?	710	_____ Number of offenders x <input type="checkbox"/> Don't know (number of offenders)
Notes		

74.	Were they male or female?	711	1 <input type="checkbox"/> All male 2 <input type="checkbox"/> All female 3 <input type="checkbox"/> Don't know sex of any offenders 4 <input type="checkbox"/> Both male and female – Ask 75	} SKIP to 76
75.	If there were only 2 offenders (item 73), SKIP to 76. Were they mostly male or mostly female?	712	1 <input type="checkbox"/> Mostly male 2 <input type="checkbox"/> Mostly female 3 <input type="checkbox"/> Evenly divided 4 <input type="checkbox"/> Don't know	
76.	How old would you say the youngest was?	713	1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21–29 2 <input type="checkbox"/> 12–14 6 <input type="checkbox"/> 30+ – SKIP to 78a 3 <input type="checkbox"/> 15–17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18–20	
77.	How old would you say the oldest was?	714	1 <input type="checkbox"/> Under 12 5 <input type="checkbox"/> 21–29 2 <input type="checkbox"/> 12–14 6 <input type="checkbox"/> 30+ 3 <input type="checkbox"/> 15–17 7 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> 18–20	
78a.	Were any of the offenders a member of a street gang, or don't you know?	715	1 <input type="checkbox"/> Yes (a member of a street gang) 2 <input type="checkbox"/> No (not a member of a street gang) 3 <input type="checkbox"/> Don't know (if a member of a street gang)	
78b.	Were any of the offenders drinking or on drugs, or don't you know?	716	1 <input type="checkbox"/> Yes (drinking or on drugs) – Ask 79 2 <input type="checkbox"/> No (not drinking/not on drugs) 3 <input type="checkbox"/> Don't know (if drinking or on drugs) } SKIP to 80	
79.	Which was it? (Drinking or on drugs?)	717	1 <input type="checkbox"/> Drinking 2 <input type="checkbox"/> On drugs 3 <input type="checkbox"/> Both (drinking and on drugs) 4 <input type="checkbox"/> Drinking or on drugs – could not tell which	
80.	Were any of the offenders known to you, or were they strangers you had never seen before?	718	1 <input type="checkbox"/> All known } SKIP to 82 2 <input type="checkbox"/> Some known } 3 <input type="checkbox"/> All strangers } Ask 81 4 <input type="checkbox"/> Don't know }	
81.	Would you be able to recognize any of them if you saw them?	719	1 <input type="checkbox"/> Yes } SKIP to 83 2 <input type="checkbox"/> Not sure (possibly or probably) } 3 <input type="checkbox"/> No – SKIP to 85	
82.	How well did you know the offender(s) – by sight only, casual acquaintance or well known? Mark (X) all that apply.	720 *	1 <input type="checkbox"/> Sight only 2 <input type="checkbox"/> Casual acquaintance 3 <input type="checkbox"/> Well known	
CHECK ITEM H	Refer to 82. Is "casual acquaintance" or "well known" marked?		<input type="checkbox"/> Yes – SKIP to 84 <input type="checkbox"/> No – Ask 83	
83.	Would you have been able to tell the police how they might find any of them, for instance, where they lived, worked, went to school, or spent time? Mark (X) only one box.	722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Other – Specify ↗ } SKIP to 85	
84.	How did you know them? For example, were they friends, cousins, etc.? Mark (X) all that apply.	723 *	RELATIVE 1 <input type="checkbox"/> Spouse at time of incident 2 <input type="checkbox"/> Ex-spouse at time of incident 3 <input type="checkbox"/> Parent or step-parent 4 <input type="checkbox"/> Own child or step-child 5 <input type="checkbox"/> Brother/sister 6 <input type="checkbox"/> Other relative – Specify _____ NONRELATIVE 7 <input type="checkbox"/> Boyfriend or girlfriend, ex-boyfriend or ex-girlfriend 8 <input type="checkbox"/> Friend or ex-friend 9 <input type="checkbox"/> Roommate, boarder 10 <input type="checkbox"/> Schoolmate 11 <input type="checkbox"/> Neighbor 12 <input type="checkbox"/> Someone at work, customer 13 <input type="checkbox"/> Other nonrelative – Specify _____	
85.	Were the offenders White, Black, or some other race? Mark (X) all that apply.	726 *	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Other – Specify _____ 4 <input type="checkbox"/> Don't know race of any/some	
86.	If only one box marked in 85, SKIP to 87. What race were most of the offenders?	727	1 <input type="checkbox"/> Mostly White 2 <input type="checkbox"/> Mostly Black 3 <input type="checkbox"/> Mostly some other race 4 <input type="checkbox"/> Equal number of each race 5 <input type="checkbox"/> Don't know	

87. Was this the only time any of these offenders committed a crime or made threats against you or your household?	7301 <input type="checkbox"/> Yes (only time) 2 <input type="checkbox"/> No (there were other times) 3 <input type="checkbox"/> Don't know
88. ASK OR VERIFY – Was something stolen or taken without permission that belonged to you or others in the household? FIELD REPRESENTATIVE –Include anything stolen from unrecognizable business. Do not include anything stolen from a recognizable business in respondent's home or another business, such as merchandise or cash from a register.	7311 <input type="checkbox"/> Yes – SKIP to 96 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
89. ASK OR VERIFY – Did the offender(s) ATTEMPT to take something that belonged to you or others in the household?	7321 <input type="checkbox"/> Yes – Ask 90 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 110, page 14
90. What did the offender try to take? Anything else? Mark (X) all that apply?	7331 <input type="checkbox"/> Cash * 2 <input type="checkbox"/> Purse 3 <input type="checkbox"/> Wallet 4 <input type="checkbox"/> Credit cards, checks, bank cards 5 <input type="checkbox"/> Car 6 <input type="checkbox"/> Other motor vehicle 7347 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached tape deck, attached CB radio, etc.) * 8 <input type="checkbox"/> Gasoline or oil 9 <input type="checkbox"/> Bicycle or parts 73510 <input type="checkbox"/> TV, stereo, other household appliances * 11 <input type="checkbox"/> Silver, china, art objects 12 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.) 73613 <input type="checkbox"/> Personal effects (clothing, jewelry, toys, etc.) * 14 <input type="checkbox"/> Handgun (pistol, revolver) 15 <input type="checkbox"/> Other firearm (rifle, shotgun) 73716 <input type="checkbox"/> Other – Specify ↴ * 17 <input type="checkbox"/> Don't know
91. Did the (property/money) the offender tried to take belong to you personally, to someone else in the household, or to both you and other household members? Mark (X) only one box.	7381 <input type="checkbox"/> Respondent only – SKIP to 92 2 <input type="checkbox"/> Respondent and other household member(s) – Fill Check Item J 3 <input type="checkbox"/> Other household member(s) only – Fill Check Item J 4 <input type="checkbox"/> Nonhousehold member(s) only 5 <input type="checkbox"/> Other – Specify ↴ } SKIP to 92
CHECK ITEM J Besides the respondent, which household member(s) owned the (property/money) the offender tried to take? If not sure, ask. Do not enter the respondent's line number.	739 * <div><div></div><div></div>Line number</div> <div><div></div><div></div>Line number</div> <div><div></div><div></div>Line number</div> OR 40 <input type="checkbox"/> Household property
92. ASK OR VERIFY – Was/Were the article(s) IN or ATTACHED to a motor vehicle when the attempt was made to take (it/them)?	7401 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM K Refer to 90. Did the offender try to take cash, purse or a wallet? (Is box 1, 2, or 3 marked?)	<input type="checkbox"/> Yes – Ask 93 <input type="checkbox"/> No – SKIP to 94
93. ASK OR VERIFY – Was the (cash/purse/wallet) on your person, for instance, in a pocket or being held?	7421 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

<div>94. ASK OR VERIFY – Was there anything (else) the offender(s) tried to take directly from you, for instance, from your pocket or hands, or something that you were wearing? Exclude property not belonging to respondent or other household member.</div>	<div>7451 <input type="checkbox"/> Yes – Ask 95 2 <input type="checkbox"/> No – SKIP to 110, page 14</div>
<div>95. Which items did the offender(s) try to take directly from you? Enter code(s) from 90. Do not include cash/purse/wallet. Exclude property not belonging to respondent or other household member.</div>	<div>746*<div><div><div></div><div></div></div><div>Code</div></div><div><div><div></div><div></div></div><div>Code</div></div><div><div><div></div><div></div></div><div>Code</div></div><div>– SKIP to 110, page 14</div><div>OR</div><div>40 <input type="checkbox"/> Tried to take everything marked in 90 directly from respondent – SKIP to 110, page 14</div></div>
<div>96. What was taken that belonged to you or others in the household? Anything else? Mark (X) all that apply. FIELD REPRESENTATIVE – If purse or wallet stolen, ASK – Did it contain any money? Enter amount of stolen cash where indicated. Mark the appropriate box(es) for stolen property or the box for only cash taken.</div>	<div>747<div>Cash \$ <div></div> . <div>00</div> Amount of cash taken</div><div>748*1 <input type="checkbox"/> Only cash taken – Enter amount above</div><div><div>Property</div><div>PURSE/WALLET/CREDIT CARDS</div><div>2 <input type="checkbox"/> Purse } Ask: Did it contain money? 3 <input type="checkbox"/> Wallet } 4 <input type="checkbox"/> Credit cards, check, bank cards</div><div>VEHICLE OR PARTS</div><div>5 <input type="checkbox"/> Car 6 <input type="checkbox"/> Other motor vehicle 7 <input type="checkbox"/> Part of motor vehicle (tire, hubcap, attached tape deck, attached CB radio, etc.) 8 <input type="checkbox"/> Unattached motor vehicle accessories or equipment (unattached radio, etc.) 9 <input type="checkbox"/> Gasoline or oil 10 <input type="checkbox"/> Bicycle or parts</div><div>HOUSEHOLD FURNISHINGS</div><div>750*11 <input type="checkbox"/> TV, VCR, stereo, other household appliances 12 <input type="checkbox"/> Silver, china, art objects 13 <input type="checkbox"/> Other household furnishings (furniture, rugs, etc.)</div><div>PERSONAL EFFECTS</div><div>751*14 <input type="checkbox"/> Portable electronic and photographic gear (Personal stereo, TV, calculator, camera, etc.) 15 <input type="checkbox"/> Clothing, furs, luggage, briefcase 16 <input type="checkbox"/> Jewelry, watch, keys 752*17 <input type="checkbox"/> Collection of stamps, coins, etc. 18 <input type="checkbox"/> Toys, sports and recreation equipment (not listed above) 19 <input type="checkbox"/> Other personal and portable objects</div><div>FIREARMS</div><div>753*20 <input type="checkbox"/> Handgun (pistol, revolver) 21 <input type="checkbox"/> Other firearm (rifle, shotgun)</div><div>MISCELLANEOUS</div><div>22 <input type="checkbox"/> Tools, machines, office equipment 754*23 <input type="checkbox"/> Farm or garden produce, plants, fruit, logs 24 <input type="checkbox"/> Animals – pet or livestock 25 <input type="checkbox"/> Food or liquor 755*26 <input type="checkbox"/> Other – Specify <div></div></div><div>27 <input type="checkbox"/> Don't know</div></div></div>
<div>Notes</div>	

<div>97.</div> <div>Did the stolen (property/money) belong to you personally , to someone else in the household, or to both you and other household members?</div> <div>Mark (X) only one box.</div>	<div>760</div> <div><div><div><div><div></div></div><div>1</div></div><div>Respondent only – SKIP to Check Item M</div></div><div><div><div><div></div></div><div>2</div></div><div>Respondent and other household member(s) – Fill Check Item L</div></div><div><div><div><div></div></div><div>3</div></div><div>Other household member(s) only – Fill Check Item L</div></div><div><div><div><div></div></div><div>4</div></div><div>Nonhousehold member(s) only</div></div><div><div><div><div></div></div><div>5</div></div><div>Other – Specify ↗</div></div></div> <div><div><div></div></div><div>SKIP to Check Item M</div></div>
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<div>107. What was recovered? Anything else?</div> <div>Mark (X) all that apply.</div> <div>FIELD REPRESENTATIVE – If purse or wallet recovered, ASK –</div> <div>Did it contain any money?</div> <div>Enter amount of recovered cash where indicated. Mark the appropriate box(es) for recovered property or the box for only cash recovered.</div>	<div>775</div> <div>Cash</div> <div>\$. 00 Amount of cash recovered</div> <div>776</div> <div>1 <input type="checkbox"/> Only cash recovered</div> <div>*</div> <div>Property</div> <div>2 <input type="checkbox"/> Purse } Ask: Did it contain any money?</div> <div>3 <input type="checkbox"/> Wallet }</div> <div>4 <input type="checkbox"/> Credit cards, checks, bank cards</div> <div>5 <input type="checkbox"/> Car or other motor vehicle</div> <div>6 <input type="checkbox"/> Property other than the above</div>
<div>CHECK ITEM O</div> <div>Was PROPERTY other than cash, checks or credit cards recovered? (If not sure, ask)</div>	<div>777</div> <div>1 <input type="checkbox"/> Yes – Ask 108</div> <div>2 <input type="checkbox"/> No – SKIP to 109</div>
<div>108. Considering any damage, what was the value of the property after it was recovered? (Do not include recovered cash, checks, or credit cards.)</div>	<div>778</div> <div>\$. 00 Value of property recovered</div>
<div>109. Was the theft reported to an insurance company?</div>	<div>779</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No or don't have insurance</div> <div>3 <input type="checkbox"/> Don't know</div>
<div>110. (Other than any stolen property) was anything that belonged to you or other members of the household damaged in this incident?</div> <div>PROBE – For example, was (a lock or window broken/clothing damaged/ damage done to a car), or something else?</div>	<div>780</div> <div>1 <input type="checkbox"/> Yes – Ask 111</div> <div>2 <input type="checkbox"/> No – SKIP to 115</div>
<div>111. Was/Were the damaged item(s) repaired or replaced?</div>	<div>781</div> <div>1 <input type="checkbox"/> Yes, all } SKIP to 113</div> <div>2 <input type="checkbox"/> Yes, part }</div> <div>3 <input type="checkbox"/> No, none – Ask 112</div>
<div>112. How much would it cost to repair or replace the damaged item(s)?</div>	<div>782</div> <div>\$. 00 Cost to repair/replace – SKIP to 114</div> <div>0 <input type="checkbox"/> No cost – SKIP to 115</div> <div>x <input type="checkbox"/> Don't know – SKIP to 114</div>
<div>113. How much was the repair or replacement cost?</div>	<div>783</div> <div>\$. 00 Cost to repair/replace – Ask 114</div> <div>0 <input type="checkbox"/> No cost – SKIP to 115</div> <div>x <input type="checkbox"/> Don't know – SKIP to 114</div>
<div>114. Who (paid/will pay) for the repairs or replacement? Anyone else?</div> <div>Mark (X) all that apply.</div>	<div>784</div> <div>*</div> <div>1 <input type="checkbox"/> Items will not be repaired or replaced</div> <div>2 <input type="checkbox"/> Household member</div> <div>3 <input type="checkbox"/> Landlord or landlord's insurance</div> <div>4 <input type="checkbox"/> Victim's (or household's) insurance</div> <div>5 <input type="checkbox"/> Offender</div> <div>6 <input type="checkbox"/> Other – Specify ↴</div> <div></div>

Notes

<div>115. Were the police informed or did they find out about this incident in any way?</div>	<div>800</div> <div>1 <input type="checkbox"/> Yes – Ask 116</div> <div>2 <input type="checkbox"/> No – SKIP to 117</div> <div>3 <input type="checkbox"/> Don't know – SKIP to 130, page 17</div>
<div>116. How did the police find out about it?</div> <div>Mark (X) first box that applies.</div>	<div>801</div> <div>1 <input type="checkbox"/> Respondent – SKIP to 119</div> <div>2 <input type="checkbox"/> Other household member</div> <div>3 <input type="checkbox"/> Someone official called police (guard, apt. manager, school official, etc.)</div> <div>4 <input type="checkbox"/> Someone else</div> <div>5 <input type="checkbox"/> Police were at scene – SKIP to 123</div> <div>6 <input type="checkbox"/> Offender was a police officer . .</div> <div>7 <input type="checkbox"/> Some other way – Specify ↘ . . .</div> <div><div>} SKIP to 121</div><div>} SKIP to 124</div></div>
<div>117. What was the reason it was not reported to the police? (Can you tell me a little more?) Any other reason?</div> <div>Mark (X) all that apply.</div> <div>STRUCTURED PROBE –</div> <div>Was the reason because you dealt with it another way, it wasn't important enough to you, insurance wouldn't cover it, police couldn't do anything, police wouldn't help, or was there some other reason?</div>	<div>802</div> <div>*</div> <div>DEALT WITH ANOTHER WAY</div> <div>1 <input type="checkbox"/> Reported to another official (guard, apt. manager, school official, etc.)</div> <div>2 <input type="checkbox"/> Private or personal matter or took care of it myself or informally; told offender's parent</div> <div>NOT IMPORTANT ENOUGH TO RESPONDENT</div> <div>3 <input type="checkbox"/> Minor or unsuccessful crime, small or no loss, recovered property</div> <div>4 <input type="checkbox"/> Child offender(s), "kid stuff"</div> <div>5 <input type="checkbox"/> Not clear was a crime or that harm was intended</div> <div>INSURANCE WOULDN'T COVER</div> <div>6 <input type="checkbox"/> No insurance, loss less than deductible, etc.</div> <div>POLICE COULDN'T DO ANYTHING</div> <div>803</div> <div>*</div> <div>7 <input type="checkbox"/> Didn't find out until too late</div> <div>8 <input type="checkbox"/> Could not recover or identify property</div> <div>9 <input type="checkbox"/> Could not find or identify offender, lack of proof</div> <div>POLICE WOULDN'T HELP</div> <div>10 <input type="checkbox"/> Police wouldn't think it was important enough, wouldn't want to be bothered or get involved</div> <div>804</div> <div>*</div> <div>11 <input type="checkbox"/> Police would be inefficient, ineffective (they'd arrive late or not at all, wouldn't do a good job, etc.)</div> <div>12 <input type="checkbox"/> Police would be biased, would harass/insult respondent, cause respondent trouble, etc.)</div> <div>13 <input type="checkbox"/> Offender was police officer</div> <div>OTHER REASON</div> <div>805</div> <div>*</div> <div>14 <input type="checkbox"/> Did not want to get offender in trouble with the law</div> <div>15 <input type="checkbox"/> Was advised not to report to police</div> <div>16 <input type="checkbox"/> Afraid of reprisal by offender or others</div> <div>806</div> <div>*</div> <div>17 <input type="checkbox"/> Did not want to or could not take time – too inconvenient</div> <div>18 <input type="checkbox"/> Other – Specify ↘</div> <div>19 <input type="checkbox"/> Respondent not present or doesn't know why it wasn't reported</div>
<div>CHECK ITEM P</div> <div>Refer to 117.</div> <div>Is more than one reason marked?</div>	<div>1 <input type="checkbox"/> Yes – Ask to 118</div> <div>2 <input type="checkbox"/> No – SKIP to 130, page 17</div>
<div>118. Which of these would you say was the most important reason why the incident was not reported to the police?</div> <div>Enter code from 117.</div>	<div>808</div> <div><div></div><div></div> Code – SKIP to 130, page 17</div> <div>30 <input type="checkbox"/> No one reason more important – SKIP to 130, page 17</div>
<div>Notes</div>	

<div>119. Besides the fact that it was a crime, did YOU have any other reason for reporting this incident to the police?</div> <div>Any other reason?</div> <div>Mark (X) all that apply.</div> <div>STRUCTURED PROBE –</div> <div>Did you report it to get help with this incident, to recover your loss, to stop or punish the offender, to let police know about it, or was there some other reason?</div>	<div><div>809</div><div>*</div></div> <div><div>810</div><div>*</div></div> <div><div>811</div><div>*</div></div> <div><div>TO GET HELP WITH THIS INCIDENT</div><div>1 <input type="checkbox"/> Stop or prevent THIS incident from happening</div><div>2 <input type="checkbox"/> Needed help after incident due to injury, etc.</div><div><div>TO RECOVER LOSS</div><div>3 <input type="checkbox"/> To recover property</div><div>4 <input type="checkbox"/> To collect insurance</div><div><div>TO GET OFFENDER</div><div>5 <input type="checkbox"/> To prevent further crimes against respondent/ respondent’s household by this offender</div><div>6 <input type="checkbox"/> To stop this offender from committing other crimes against anyone</div><div>7 <input type="checkbox"/> To punish offender</div><div>8 <input type="checkbox"/> Catch or find offender – other reason or no reason given</div><div><div>TO LET POLICE KNOW</div><div>9 <input type="checkbox"/> To improve police surveillance of respondent’s home, area, etc.</div><div>10 <input type="checkbox"/> Duty to let police know about crime</div><div><div>OTHER</div><div>11 <input type="checkbox"/> Other reason – Specify _____</div><div>12 <input type="checkbox"/> No other reason – SKIP to 121</div></div></div></div><div><div>CHECK ITEM Q</div><div>Refer to 119.</div><div>Is more than one reason marked?</div></div><div><div>120. Which of these would you say was the most important reason why the incident was reported to the police?</div><div>Enter code from 119.</div></div></div></div>	<div><div>813</div><div><div></div><div></div></div><div>Code</div><div>21 <input type="checkbox"/> No one reason more important</div><div>22 <input type="checkbox"/> Because it was a crime was most important</div></div> <div><div>121. Did the police come when they found out about the incident?</div></div>	<div><div>814</div><div>1 <input type="checkbox"/> Yes – Ask 122</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know } SKIP to 124</div><div>4 <input type="checkbox"/> Respondent went to police – SKIP to 123</div></div> <div><div>122. How soon after the police found out did they respond? Was it within 5 minutes, within 10 minutes, an hour, a day, or longer?</div><div>Mark (X) first category respondent is sure of.</div></div>	<div><div>815</div><div>1 <input type="checkbox"/> Within 5 minutes</div><div>2 <input type="checkbox"/> Within 10 minutes</div><div>3 <input type="checkbox"/> Within an hour</div><div>4 <input type="checkbox"/> Within a day</div><div>5 <input type="checkbox"/> Longer than a day</div><div>6 <input type="checkbox"/> Don’t know how soon</div></div> <div><div>123. What did they do while they were (there/here)? Anything else?</div><div>Mark (X) all that apply.</div></div>	<div><div>816</div><div>*</div></div> <div><div>817</div><div>*</div></div> <div><div>1 <input type="checkbox"/> Took report</div><div>2 <input type="checkbox"/> Searched/looked around</div><div>3 <input type="checkbox"/> Took evidence (fingerprints, inventory, etc.)</div><div>4 <input type="checkbox"/> Questioned witnesses or suspects</div><div>5 <input type="checkbox"/> Promised surveillance</div><div>6 <input type="checkbox"/> Promised to investigate</div><div>7 <input type="checkbox"/> Made arrest</div><div>8 <input type="checkbox"/> Other – Specify _____</div><div>9 <input type="checkbox"/> Don’t know</div></div> <div><div>124. Did you (or anyone in your household) have any later contact with the police about the incident?</div></div>	<div><div>818</div><div>1 <input type="checkbox"/> Yes – Ask 125</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know } SKIP to 128</div></div> <div><div>125. Did the police get in touch with you or did you get in touch with them?</div></div>	<div><div>819</div><div>1 <input type="checkbox"/> Police contacted respondent or other HHLD member</div><div>2 <input type="checkbox"/> Respondent (or other HHLD member) contacted police</div><div>3 <input type="checkbox"/> Both</div><div>4 <input type="checkbox"/> Don’t know</div><div>5 <input type="checkbox"/> Other – Specify _____</div></div> <div><div>126. Was that in person, by phone, or some other way?</div></div>	<div><div>820</div><div>1 <input type="checkbox"/> In person</div><div>2 <input type="checkbox"/> Not in person (by phone, mail, etc.)</div><div>3 <input type="checkbox"/> Both in person and not in person</div><div>4 <input type="checkbox"/> Don’t know</div></div> <div><div>127. What did the police do in following up this incident? Anything else?</div><div>Mark (X) all that apply.</div></div>	<div><div>821</div><div>*</div></div> <div><div>822</div><div>*</div></div> <div><div>1 <input type="checkbox"/> Took report</div><div>2 <input type="checkbox"/> Questioned witnesses or suspects</div><div>3 <input type="checkbox"/> Did or promised surveillance/investigation</div><div>4 <input type="checkbox"/> Recovered property</div><div>5 <input type="checkbox"/> Made arrest</div><div>6 <input type="checkbox"/> Stayed in touch with respondent/household</div><div>7 <input type="checkbox"/> Other – Specify ↗ _____</div><div>8 <input type="checkbox"/> Nothing (to respondent’s knowledge)</div><div>9 <input type="checkbox"/> Don’t know</div></div>
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128.	Did you (or someone in your household) sign a complaint against the offender(s) to the police department or the authorities?	825	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
129.	ASK OR VERIFY – As far as you know, was anyone arrested or were charges brought against anyone in connection with this incident?	826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
130.	Did you (or someone in your household) receive any help or advice from any office or agency — other than the police — that deals with victims of crime?	827	1 <input type="checkbox"/> Yes – Ask 131 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item R
131.	Was that a government or private agency?	828	1 <input type="checkbox"/> Government 2 <input type="checkbox"/> Private 3 <input type="checkbox"/> Don't know
CHECK ITEM R	Refer to 115. Were the police informed? (Is "Yes" marked?)		<input type="checkbox"/> Yes – Ask 132 <input type="checkbox"/> No – SKIP to 135
132.	Have you (or someone in your household) had contact with any other authorities about this incident (such as a prosecutor, court, or juvenile officer)?	829	1 <input type="checkbox"/> Yes – Ask 133 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 134
133.	Which authorities? Any others? Mark (X) all that apply.	830 *	1 <input type="checkbox"/> Prosecutor, district attorney 2 <input type="checkbox"/> Magistrate 3 <input type="checkbox"/> Court 4 <input type="checkbox"/> Juvenile, probation or parole officer 5 <input type="checkbox"/> Other – Specify ↴ _____
134.	Do you expect the police, courts, or other authorities will be doing anything further in connection with this incident?	831	1 <input type="checkbox"/> Yes –Specify ↴ _____ 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
135.	ASK OR VERIFY – What were you doing when this incident (happened/started)? Mark (X) only one box.	832	1 <input type="checkbox"/> Working or on duty – SKIP to 138 2 <input type="checkbox"/> On the way to or from work – SKIP to 138 3 <input type="checkbox"/> On the way to or from school 4 <input type="checkbox"/> On the way to or from other place 5 <input type="checkbox"/> Shopping, errands 6 <input type="checkbox"/> Attending school 7 <input type="checkbox"/> Leisure activity away from home 8 <input type="checkbox"/> Sleeping 9 <input type="checkbox"/> Other activities at home 10 <input type="checkbox"/> Other – Specify ↴ _____ 11 <input type="checkbox"/> Don't know
136.	ASK OR VERIFY – Did you have a job at the time of the incident?	840	1 <input type="checkbox"/> Yes – SKIP to 138 2 <input type="checkbox"/> No
137.	What was your major activity the week of the incident — were you looking for work, keeping house, going to school, or doing something else? Mark (X) only one box.	841	1 <input type="checkbox"/> Looking for work . . 2 <input type="checkbox"/> Keeping house . . . 3 <input type="checkbox"/> Going to school . . . 4 <input type="checkbox"/> Unable to work . . . 5 <input type="checkbox"/> Retired 6 <input type="checkbox"/> Other – Specify ↴ . } SKIP to 151, page 19 _____
Notes			

<div>138. Which of the following best describes your job at the time of the incident?</div> <div>PERSONAL INTERVIEW (Show flashcard)</div> <div>TELEPHONE INTERVIEW – Were you employed in the (Read main headings until you get a yes. Then read answer categories) —</div> <div>Mark only one category.</div>	<div>842</div> <div>1 <input type="checkbox"/> Physician</div> <div>2 <input type="checkbox"/> Nurse</div> <div>3 <input type="checkbox"/> Technician</div> <div>4 <input type="checkbox"/> Other – Specify</div> <div>Medical Profession – As a –</div> <div>5 <input type="checkbox"/> Professional (social worker/psychiatrist)</div> <div>6 <input type="checkbox"/> Custodial care</div> <div>7 <input type="checkbox"/> Other – Specify</div> <div>Mental Health Services Field – Are your duties –</div> <div>8 <input type="checkbox"/> Preschool</div> <div>9 <input type="checkbox"/> Elementary</div> <div>10 <input type="checkbox"/> Junior high or middle school</div> <div>11 <input type="checkbox"/> High school</div> <div>12 <input type="checkbox"/> College or university</div> <div>13 <input type="checkbox"/> Technical or industrial school</div> <div>14 <input type="checkbox"/> Special education facility</div> <div>15 <input type="checkbox"/> Other – Specify</div> <div>Teaching Profession – Were you employed in a –</div> <div>16 <input type="checkbox"/> Law enforcement officer</div> <div>17 <input type="checkbox"/> Prison or jail guard</div> <div>18 <input type="checkbox"/> Security guard</div> <div>19 <input type="checkbox"/> Other – Specify</div> <div>Law Enforcement or Security Field – Were you employed as a –</div> <div>20 <input type="checkbox"/> Convenience or liquor store clerk</div> <div>21 <input type="checkbox"/> Gas station attendant</div> <div>22 <input type="checkbox"/> Bartender</div> <div>23 <input type="checkbox"/> Other – Specify</div> <div>Retail Sales – Were you employed as a –</div> <div>24 <input type="checkbox"/> Bus driver</div> <div>25 <input type="checkbox"/> Taxi cab driver</div> <div>26 <input type="checkbox"/> Other – Specify</div> <div>Transportation Field – Were you employed as a –</div> <div>OR</div> <div>27 <input type="checkbox"/> Something else – Specify</div>
<div>139. ASK OR VERIFY – Was your job with (Read answer categories) –</div>	<div>843</div> <div>1 <input type="checkbox"/> A private company, business, or individual for wages?</div> <div>2 <input type="checkbox"/> The Federal government?</div> <div>3 <input type="checkbox"/> A State, county, or local government?</div> <div>4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?</div>
<div>140. While working at this job, did you work mostly in (Read answer categories) –</div>	<div>844</div> <div>1 <input type="checkbox"/> A city?</div> <div>2 <input type="checkbox"/> Suburban area?</div> <div>3 <input type="checkbox"/> Rural area?</div> <div>4 <input type="checkbox"/> Combination of any of these?</div>
<div>141. ASK OR VERIFY – Did this incident happen at your work site?</div>	<div>845</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don’t know</div> <div>4 <input type="checkbox"/> Other – Specify</div>
<div>142. Did you usually work days or nights?</div>	<div>846</div> <div>1 <input type="checkbox"/> Days</div> <div>2 <input type="checkbox"/> Nights</div> <div>3 <input type="checkbox"/> Both days and nights/rotating shifts</div>
<div>CHECK ITEM S</div> <div>Refer to 31 on page 5. Was the respondent injured in this incident? (Is box 2–11 marked?)</div>	<div><input type="checkbox"/> Yes (Yes (injury marked in 31) – Ask 143</div> <div><input type="checkbox"/> No (blank or None marked in 31) – SKIP to 147</div>
<div>143. Did YOU lose time from work because of the injuries you suffered in this incident?</div>	<div>870</div> <div>1 <input type="checkbox"/> Yes – Ask 144</div> <div>2 <input type="checkbox"/> No – SKIP to 147</div>
<div>144. How much time did you lose because of injuries?</div>	<div>871</div> <div>_____ Number of days – Ask 145</div> <div>0 <input type="checkbox"/> Less than one day – SKIP to 147</div> <div>x <input type="checkbox"/> Don’t know – Ask 145</div>
<div>145. During these days, did you lose any pay that was not covered by unemployment insurance, sick leave, or some other source?</div>	<div>872</div> <div>1 <input type="checkbox"/> Yes – Ask 146</div> <div>2 <input type="checkbox"/> No – SKIP to 147</div>
<div>146. About how much pay did you lose?</div>	<div>873</div> <div>\$_____ . 00 Amount of pay lost</div> <div>x <input type="checkbox"/> Don’t know</div>

<div>147.</div> <div>Did YOU lose any (other) time from work because of this incident for such things as cooperating with a police investigation, testifying in court, or repairing or replacing damaged or stolen property?</div> <div>Mark (X) all that apply. If no time was lost for any of these reasons, mark None (box 6).</div>	<div>874</div> <div>*</div> <div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Police related activities</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>Court related activities</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>Repairing damaged property</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>Replacing stolen items</div></div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Other – Specify ↴</div></div></div><div>Ask 148</div></div> <div><div><div>6</div><div><input type="checkbox"/></div></div><div>None (did not lose time from work for any of these reasons) – SKIP to 151</div></div>
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<div>156. Did all, some, or none of these incidents occur in the same place?</div> <div>Mark (X) only one box.</div>	<div>889</div> <div>1 <input type="checkbox"/> All in the same place</div> <div>2 <input type="checkbox"/> Some in the same place</div> <div>3 <input type="checkbox"/> None in the same place</div>
<div>157. Were all, some, or none of these incidents done by the same person(s)?</div> <div>Mark (X) only one box.</div>	<div>890</div> <div>1 <input type="checkbox"/> All by same person</div> <div>2 <input type="checkbox"/> Some by same person</div> <div>3 <input type="checkbox"/> None by same person</div> <div>4 <input type="checkbox"/> Don't know – SKIP to 159</div>
<div>158. What (was/were) the offender(s) relationship(s) to you? For example, friend, spouse, schoolmate, etc.</div> <div>Mark (X) all that apply.</div>	<div>891</div> <div>*</div> <div>Relative</div> <div>1 <input type="checkbox"/> Spouse at time of incident</div> <div>2 <input type="checkbox"/> Ex-spouse at time of incident</div> <div>3 <input type="checkbox"/> Parent or step-parent</div> <div>4 <input type="checkbox"/> Other relative – <i>Specify</i> <input type="checkbox"/></div> <div>Nonrelative</div> <div>5 <input type="checkbox"/> Friend or ex-friend</div> <div>6 <input type="checkbox"/> Neighbor</div> <div>892</div> <div>*</div> <div>7 <input type="checkbox"/> Schoolmate</div> <div>8 <input type="checkbox"/> Roommate, boarder</div> <div>9 <input type="checkbox"/> Stranger</div> <div>10 <input type="checkbox"/> Other nonrelative – <i>Specify</i> <input type="checkbox"/></div>
<div>159. Did the same thing happen each time?</div>	<div>893</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – How did the incidents differ?</div>
<div>160. Is the trouble still going on?</div>	<div>894</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – What ended it?</div>
<div>CHECK ITEM V</div> <div>Mark the ONE category that best describes this series of crimes.</div> <div>If more than one category describes this series, mark the box with the lowest number.</div>	<div>895</div> <div>Contact crimes</div> <div>1 <input type="checkbox"/> Completed or threatened violence in the course of the victim's job (police officer, security guard, psychiatric social worker, etc.)</div> <div>2 <input type="checkbox"/> Completed or threatened violence between spouses, other relatives, friends, neighbors, etc.</div> <div>3 <input type="checkbox"/> Completed or threatened violence at school or on school property</div> <div>4 <input type="checkbox"/> Other contact crimes (other violence, pocket picking, purse snatching, etc.) – <i>Specify</i> <input type="checkbox"/></div> <div>Noncontact crimes</div> <div>5 <input type="checkbox"/> Theft or attempted theft of motor vehicles</div> <div>6 <input type="checkbox"/> Theft or attempted theft of motor vehicle parts (tire, hubcap, battery, attached tape deck, etc.)</div> <div>7 <input type="checkbox"/> Theft or attempted theft of contents of motor vehicle, including unattached parts</div> <div>8 <input type="checkbox"/> Theft or attempted theft at school or on school property</div> <div>9 <input type="checkbox"/> Illegal entry of, or attempt to enter, victim's home, other building on property, second home, hotel, motel</div> <div>10 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) known to victim (roommate, babysitter, etc.)</div> <div>11 <input type="checkbox"/> Theft or attempted theft from victim's home or vicinity by person(s) unknown to victim</div> <div>12 <input type="checkbox"/> Other theft or attempted theft (at work, while shopping, etc.) – <i>Specify</i> <input type="checkbox"/></div>

**CHECK
ITEM W**

FIELD REPRESENTATIVE –
Check **BOUNDING INFORMATION** on
the back of the control card.

[illegible]

CHECK BOUNDING INFORMATION

896

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**CHECK
ITEM X**

Is there an entry for "Number of persons"?

- ☐
- No

**CHECK
ITEM Y**

- ☐
- No – Go to next Crime Incident Report

**CHECK
ITEM Z**

- ☐ No – Go to next Crime Incident Report

